

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
	Ab		11-28-01
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			12-7-01
FORMALITY REVIEW	CH	1119	01-18-02
RESPONSE FORMALITY REVIEW	MD	65	02-27-02

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	11/28/01
2	11/28/01
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Claim	Date
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If more than 150 claims or 10 actions  
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